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## BIB DATA SHEET

CONFIRMATION NO. 5796

<b>SERIAL NUMBER</b> 09/997,663	<b>FILING or 371(c) DATE</b> 11/29/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 36091-701.501		
<b>APPLICANTS</b> Lorraine Faxon Meisner, Madison, WI; <b>** CONTINUING DATA *****</b> This application is a CIP of 09/732,385 12/07/2000 PAT 6,444,699 which is a CON of 09/356,142 07/19/1999 PAT 6,217,914 which claims benefit of 60/125,356 03/19/1999 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/19/2001						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>FRANK I CHOI/FC/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> WILSON, SONSINI, GOODRICH & ROSATI 650 PAGE MILL ROAD PALO ALTO, CA 94304-1050 UNITED STATES						
<b>TITLE</b> Compositions and methods for the treatment of skin						
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		